

Please type a plus sign [+] inside this box →

DECLARATION FOR UTILITY OR DESIGN		Attorney Docket No.	IN-5621
PATENT APPLICATION (37 CFR 1.63)		First Named Inventor	Dwight J. PAKAN, et al.
		COMPLETE IF KNOWN	
<input type="checkbox"/> Declaration	<input checked="" type="checkbox"/> Declaration	Application Number	10/680,650
Submitted with initial Filing	Submitted after initial Filing (surcharge (37 CFR 1.16 (e)) required	Filing Date	October 7, 2003
		Group Art Unit	
		Examiner Name	

As below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled: **COLORATION OF PAPER BY BINDING COLORANTS IN A SURFACE APPLICATION**

(Title of the Invention)

The specification of which:

is attached hereto

Was filed on **October 7, 2003** as United States Application Serial Number **10/680,650**.
was amended on _____ (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application

I hereby claim foreign priority benefits under 35, U.S.C § 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate or 365 (a) of any PCT international application(s) designating at least one country other than the United States of America listed below and have also identified below, by checking the box, any foreign application(s) for patent or inventor's certificate, or any PCT international application(s) having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date DATE/MONTH/YEAR	Priority Not Claimed	Certified Copy Attached? Yes	No
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional foreign application number are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

I hereby claim the benefit under 35 U.S.C 119(e) of any United States provisional application(s) listed below:

APPLICATION NUMBER(S)	FILING DATE	
60/419,757	October 18, 2002	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto

I hereby claim the benefit under Title 35, United States Code, §120 of any United States application(s) or PCT international application(s) designating the United States of America that is/are listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in that/those prior application(s) in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, §1.56(a) which occurred between the filing date of the prior application(s) and the national or PCT international filing date of this application:

PRIOR U.S. APPLICATIONS OR PCT INTERNATIONAL APPLICATIONS DESIGNATING THE U.S. FOR BENEFIT UNDER 35 U.S.C. §120

U.S. APPLICATIONS		STATUS (Check one)		
U.S. APPLICATION NUMBER	U.S. FILING DATE	PATENT	PENDING	ABANDONED
County	United States of America	Telephone	(248) 948-2021	Fax (248) 948-2093

DECLARATION —

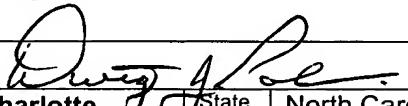
Utility or Design Patent Application

POWER OF ATTORNEY

I hereby appoint the practitioner(s) associated with the Customer Number provided below to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith.

<input checked="" type="checkbox"/> Customer Number	26922	or	<input type="checkbox"/> Correspondence address below
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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name OF SOLE OR FIRST INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor				
Given Name (first and middle [if any])	Dwight J.			Family Name or Surname	PAKAN	
Inventor's Signature				Date	12-11-03	
Residence: City	Charlotte	State	North Carolina	Country	United State of America	Citizenship
Mailing Address	2231 Blue Bell Lane					
City	Charlotte	State	North Carolina	Zip	28270	

Name OF SECOND INVENTOR(S):		<input type="checkbox"/> A petition has been filed for this unsigned inventor				
Given Name (first and middle [if any])	Richard L.			Family Name or Surname	TYTE, Sr.	
Inventor's Signature				Date	12-11-03	
Residence: City	Charlotte	State	North Carolina	Country	United State of America	Citizenship
Mailing Address	7300 Little Buggy Lane					
City	Charlotte	State	North Carolina	Zip	28273	

DECLARATION —**Utility or Design Patent Application****POWER OF ATTORNEY**

I, (WE), hereby appoint the practitioner(s) associated with the Customer Number provided below to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith.

Customer Number

26922

or

Correspondence address below

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Name OF ADDITIONAL INVENTOR(S):		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])	John		Family Name or Surname
Inventor's Signature			Date 12/15/03
Residence: City	Mason	State	Ohio
Mailing Address	3651 Dunlop Court		
City	Mason	State	Ohio
		Zip	45040

[Page 3 of 3]

Declaration for Utility or Design Patent Application (PTO/SB/01) [1-1.1]